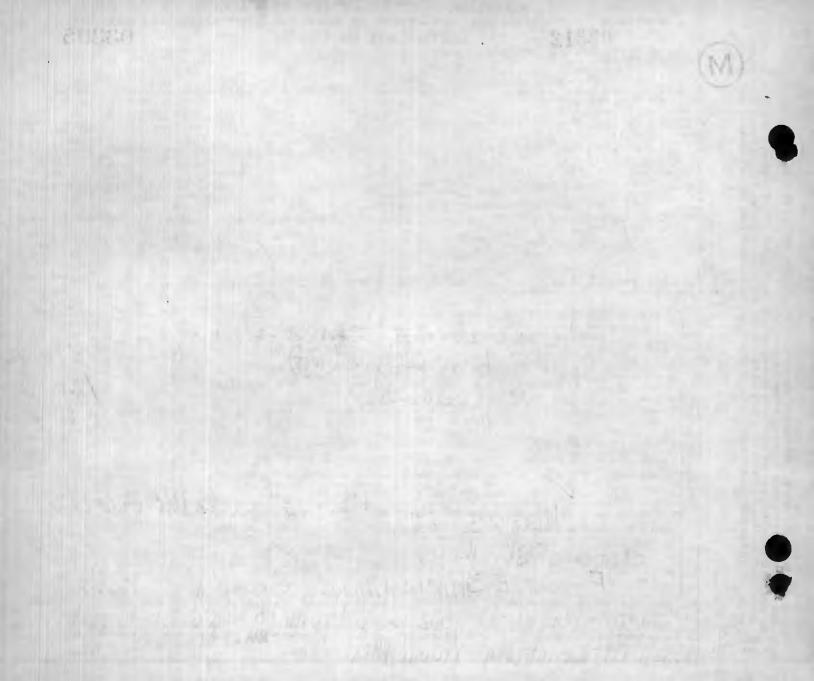
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03312 CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY anger 12 t MARYLAND Theyer by th b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If dutside corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ,5 hours aft Pell d. NAME OF/HOSPITAL OR/INSTITUT(ON (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completely 4. DATE 3. NAME OF Middle Month Dey Year DECEASED OF (Type or print) DEATH 196 and cor yeers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In 7. MARRIED NEVER MARRIED last birthdey) Months Days Min. Hours WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 111. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) They Le attending ph Then please r val, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address requires that the oval, (Yes, no, or unkown) | (If yes give wer or detes of service) physician. 18. CAUSE OF DEATH [Enter only one ceuse per line fer (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, signed IMMEDIATE CAUSE (e) has been signed he burial-transit geve rise to immediate cause DUE TO (e), stating the underlying the his buri 5 ATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. W AS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CO certifica S 0 ERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [7] ed by the har After this ce OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farma 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etg. CTOR: Aft While Hour e.m. et work Work nospital) attended Tife 1.2... 21. | certify that (1) (this/ deceased from saw the deceased alive on 22b. DATE 22s. SIMMATURI SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL page with t 22d. ADDRESS 22c, PHYSICIAN NAME (Type filled v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF #State 230, BURIAL, CREMATION, | 236 ÷ 2 0 DIRECTOR'S SIGNATURE ADDRESS 25e. RECE 25b. REGISTRAR'S SIGNATURE VR A15 (4) S. Thous 15M 9/60 DATE

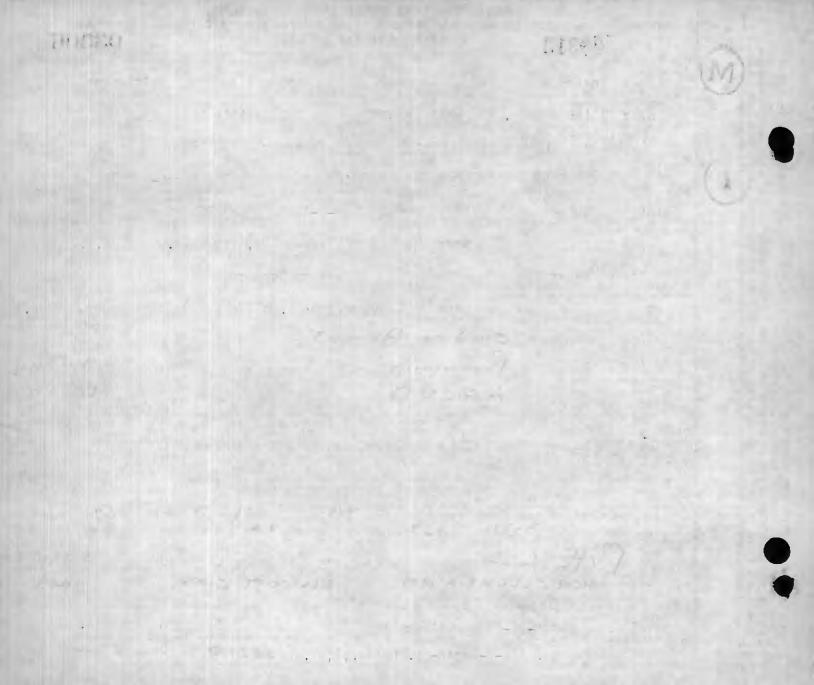
MARYLAND STATE DEPARTMENT OF HEALTH



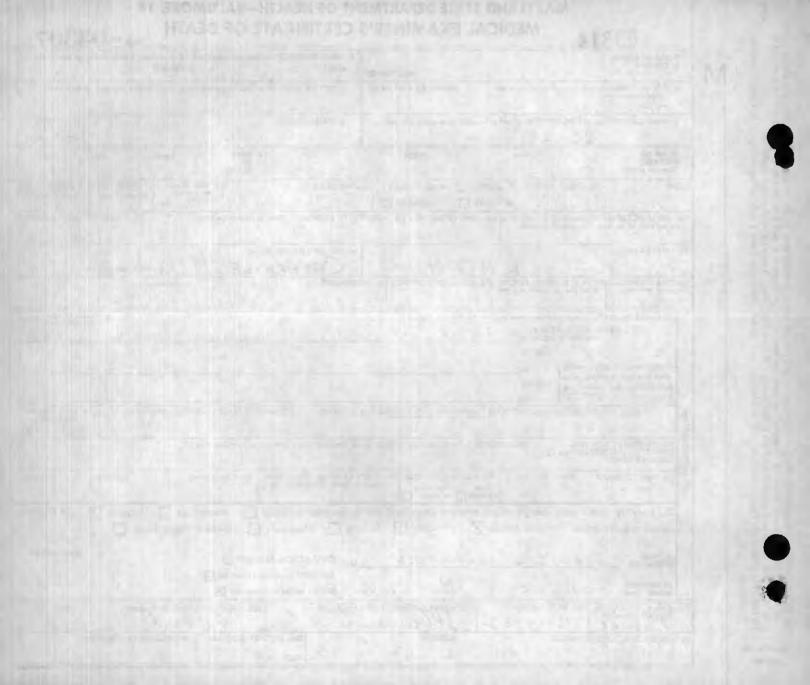
- 1	
n 24 hours after illed in by the funeral ages 1 and 2 should 's after death	(1)
TO HOS AL ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 Described by the hospital or attending physician. \$\frac{1}{2} \times \text{TO} \text{TO} \text{PLOSE} \text{After this certificate has been signed by the attending physician and completely filled in by the funeral \$\frac{1}{2} \text{TO} \text{TO} \text{TO} \text{PLOSE} \text{After this certificate has been signed by the attending physician and completely filled in by the funeral \$\frac{1}{2} \text{TO}	I
TO HOS AL ATTENDING PHYSICIAN: The law requires the death. Page 4 Sy TO PUNERAL DINECTOR: After this certificate has been signed by the diagram of director, page 3 should be detached for use as the burial-transit permit. See filled with the State Dept. of Health prior to burial, cremation, or removed.	
TO HOS ALL Page 4 124 AND ALL AND ALL PAGE 4 124 AND	

AT SAINTE	WIND SIMIR DE	WELLINGTHI OF HEN	THE STATE OF THE S
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
03313	CERTIFICATE	OF DEATH	03306

1.	PLACE OF DEATH			5-14-3	2. USUAL RESIDE	NCE (Where de			ence befora	admission)	
		loward		MARYLAND	a. STATE Baltimore						
	b. CITY OR TOWN (if write RURAL and	outside corporata limit give nearest town)	\$,	c. LENGTH OF STAY IN 16						wn)	
		licott Cit	v.	about 3 mont	ths Cate	nsville		13x	2		
	d. NAME, OF HOSPIT.	AL OR INSTITUTION (nol in hos	pital, give street eddress)	d. STREET ADDRESS		-			ESIDENCE	
		omery Foad te residen		a friend)	Frederi	ck Road	(28)			A FARM?	
3.	NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Di	y Ye	Ir	
	(Typa or print)	HORTENSE			CULLEN	DEATH	March-	_ 22	19	62_	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lest birthdey)		_	R 24 HRS.	
	Female	White	WIDOWE	DIVORCED [June-14-1869		do Atr	Months Days	Hours	Min.	
10	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	unty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY	
-	none	ang me, even a reme	-1	none	Waynesbo	oro Win	ອາກາ ຄ	11	S.		
13.	FATHER'S NAME	-	-	410110	14. MOTHER'S MAIDER	N NAME	Eriman		2.		
	Simeon	Cormer			Mary Co	3700.039					
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.		TATIOT	Address	-			
(11		yes give wer or detas of se	ervice)	nono Tu	Ama Tamas V (3271am /	-00 /00-	ant Unit	an Da	1+0 0	
	NO 18. CAUSE OF D	NO EATH [Enter only one	ceuse per l	none Uui ine for (e), (b), end (c).]	dge James K. C	inrieu /	son; Go		NTERVAL BE	TWEEN	
	PART I. DEATH	WAS CAUSED BY:	FO	a saile	rest				ONSET AND	DEATH	
	1140	7		19195 HI	14.3		_				
	700	DUE TO		1					15	Day	
	Conditions, if any,		KNA	amound		-				7	
	(a), stelling tha un	See Palle 7/3	A	avysa					10 '	(Y2)	
	cousa last,) (c)_	1	3047							
ON	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(e)		ORMED?	
3									YES	NO 1	
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	n Peri I or Part II	of item 18.)				
WEDICAL		RY Month, Day, Yes		INJURY OCCURRED 200. P	LACE OF INJURY (Home, fe	rm, 20f. (City	or lown)	(County)		(Stelle)	
WED	Hour s.m,	19	While at wor	Not While	actory, sileer, office breg., e	1					
		at (I) (this hospit	al) atten	ded the deceased from	/- F	196 10.	3-22	1960 Y	Libat (I)	(ast	
				19.4 % and th							
	22e. SIGNATURE					/				b. DATE	
	V	VHorte			M.D. ATTENDING	MED. DIRECTOR	STAFF		3-22	- SCHE	
	22c. PHYSICIAN'S NAME (Type)	409 00	LUM	BIA RD.	ELLICE	2 770	ודץ,		P	19.	
23	e. BURIAL, CREMATIC REMOVAL (Specify)	ON. 236. DATE THER	EOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC/	ATION (City, for	yn or county)	(Stele)	
	burial	March-2	6-62	River Vie	W	Wayn	esboro,	Virgini	ia.		
24	FUNERAL DIRECTOR			ADDRESS		EC'D BY REGIST	RAR 25b. REC				
S	Stewart & M	lowen Co. 1	03-11-	North-Av. Bal.	to. , 1 , Md DATE	MAR 2 7 '6	2 4	return S. 97	naire		
-				- April - Apri							



1	101		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9 % °	-81		03314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 03307
lease exe should b	(NA	1	ALACE OF DEATH L. COUNTY HOW AR MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE MARYLAND O. STATE MARYLAND
age 4	IVI	1	CITY OR TOWN (If outside corporate limits, write RURAL on give negrest town)
. P.		_	HANOUER MONTER Md.
prior .	X		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) On A FARM? YES NO []
ne. your fi		3.	NAME OF First Middle Last 4. DATE Month Doy Year DECEASED Type or print) AGNES MIDDLES MIDDLES AND LAFF-Y DEATH MAR 12 1962
the fuel for the re		5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years load bighday) WIDOWED DIVORCED 8-30-1880 9. AGE (In years load bighday) Vyrs. Mgnths Days Hours Min.
nd 3 to retain		100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
rs after	F	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME (1)
hour ges 5 n	(1)	12	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ive Pa ive Pa Poge File p			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. OF Unknown) If you give wor or dates of service) The NC MRS Edna Smith 5AMS.
n 18. G rrm PM3. permit.			1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MARCHAR CAUSE (a) ARTERIOSCIEROTIC VASCULAR DISCUSC 5 4 RS 5 4 RS
in ther with fa		Н	Conditions, if ony, which (b)
pencil pencil alang burial			gave rise to immediate cause (a), stating the underlying cause lost.
fice as a second	0	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
ding of o		CATION	none YES NO NO
is cert in pen iminer		CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)
INER: TI the war ical Exc 3 shau		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work of work 19 at work of work 19 at work 19 a
AM Med Med Poge		"	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and find that
四季 100			death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SECT SECT			ACTUAL GARAGE ST BUSTONES CHIEF MEDICAL EXAMINER (7) DATE SIGNED
ME to to			SIGNATURE LOTAL 2 - U Surg Lorg M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3-12-62
ERA	de		EXAMINER'S GOORGO E, BURGTORFM DEPUTY MEDICAL EXAMINER &
cuter forword Forword Forward	5	220	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY. REMOVAL (Specify) 3-15-62 St. Charles Cemetery of CREMATORY. Con Clemation (City Jown, 'or county)
	0	23:	TUNERAL DIRECTOR'S SIGNATURE ADDRESS A
VS. A15ME(5) 5M 9/55	M	>	of the ficourant of the Balls 23 DATE NEWS 13 '62 Cother S. House



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03315 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Howard Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) þ write RURAL and give nearest town) 69 Yrs. Elkridge Flkridge Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS hours ON A FARM? 1614 Montgomery Rd 1614 Montgomery Rd. YES NO X completely 3. NAME OF First 4. DATE Middle Last Month Day DECEASED (Type or print) DEATH March 20. 19 62 Laura V. Mars 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH ast birthday) эше Months Hours C. WIDOWED DIVORCED March 15. 10a. USUAL OCCUPATION [Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Domestic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. affending Ella Johnson Alexander Mars Bud ā IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) ((Ifyasgivawaror datesofsarvice) removal Mary Thomas 1614 Montgomery Rd. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) signed Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying burial, cause last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate PERFORMED? 93 0 NO A CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH the 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, streat, offica bldg., etc.) MEDIC While Not While Hour a.m. at work CTOR: , and that death occured at? M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 220. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR page 22d. ADDRESS 22c. PHYSICIAN'S FUNEA. NAME (Type) 23d. LOCATION (City, town 236. BURIAL, CREMATION, 236. DATE THEREO NAME OR CREMATORY (Stata) REMOVAL (Spacify) Ekkridge, Maryland 23,1962 Gaines March 0 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Outhur S. Thous DATEMAR 2 7 '62 Charles A. Rice 661 W. Barre Street 15M 9/60

death certificate be

law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH

80880 7187 de grave structe afril . 444 ST. V SPERMA AT OF THE LOCAL PROPERTY AND ADDRESS. A REAL PROPERTY AND ASSESSED FOR THE STATE OF THE STATE O The same of the sa Title South and Like THE STREET, DESCRIPTION THE REPORT OF THE PARTY AND ADDRESS OF THE PARTY OF THE P

STAT HEALTH DE TO DELATEMENTALE EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute that certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 93316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03309

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
1	e. COUNTY	a. STATE b. COUNTY
A	HOWR'd MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1 1	write RURAL end give nearest town	E. CITT ON TOTAL III DUSING CORPORATE MINIS, WINE NONE AND BITCH HOSTER TOWN
Z	Elkridge 27	KElkridge 27
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	100 thint Club Dond	
3	NAME OF First Middle	Last 4. DATE Month Day Year
1	DECEASED	OF
	(Type or print) HENRY JAMES NETSSER	DEATH March 3,1962 19
5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 6	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	THE PROPERTY OF THE PROPERTY O	Jan. 8, 1911 Significant Sig
10	MST6 HITTE	Y 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	one during most of working life, even if retired)	
	Clerk U.S. Post Office	Baltimore, Md
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	James William Neisser	Catherine Pauline Meiforth
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. 1	
	es, no, or unkown) (Ifyesgivewerordelesofservice)	
	Yes WW 2 213-03-8470 Di	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY Gun Shot wound of h	
	DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause (a), stating the underlying DUE TO	
	causa last. (c)	
Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
100		PERFORMED?
2	Land Bacobine Holy Bullion & County II	- La
CERTIF	20s. EXTERNAL CAUSE WAS PRIMARY OF OONTRIBUTING CAUSE OF DEATH. Self inflicted 25	Enter nature of injury in Pert I or Part II of item 18.)
U	CAUSE OF DEATH. Self inflicted 25 c	caliber gun shot wound of head
18	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)
MEDI	Hour e.m.	tory, street, office bldg., etc.)
×		Home Elkridge Howard Md
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes . Accident . Suic	ide T. Homicide . Undetermined manner
	1 12 21	CHIEF MEDICAL EXAMINER
	ACTUAL 4.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE LONGE C JUNGUIT	M.D.
	EXAMINER'S	DEPUTY MEDICAL EXAMINER Mar. 3,1962
	NAME (Type) George E Burgtorf	Address (Street, city, town, or county)
22	a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d, LOCATION (City, town, of country) (State)
	Rurial 3-7-62 Baltimore N	ational Baltimore.Md
1	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
2		11090
2	F.C. Higinbothem Higinbothem Funeral Home, Ellicott City, M	d DATE WAR 7 62 Civiling 2. Phones

I to the time of 120. The state of the s of the stability and I work to its at the

A	2	3	1	2
٦	G.	O	1	

CERTIFICATE OF DEATH

Reg. Dist. No. 03310

				- 71									
1 PLACE OF DEATH a. COUNTY			44.4.0044.44	H	d. STATE	•	re decease		nshilutio JUNTY	in: Reside	ence befo	ire admiss	ion)
Heward			MARYLAI		Maryland			H	DWal				
b. CITY OR TOWN (RURAL and give re	f autside carporate lim	its, write	c. LENGTH OF STAY IN	1b	c CITY OR TOWN	(If au	itside corpo	prote limits, v	write Rl	JRAL and	give ne	arest tawn	1)
Elkridge				- 2	Elkridge	,	27						
d NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)		d STREET ADDRESS	s						e. IS RES	DENCE FARM?
6902 Ath	ol Ave. Ha	rwood	Park	6	902 Athol	Av	e. I	Tarwoo	d Pa	ark			NO A
3. NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE OF		Mani		De	- /	fear .
(Type or print)	GEORGIA		POOLE				DEATH]	Marc	ch 8,	,196	2 1	19
5. SEX	6. COLOR OR RACE	7. MARR	IED ANEVER MARRIED	8. 1	DATE OF BIRTH			9. AGE (In	years	$\overline{}$	7	IF UNDE	
Female	White	WIDOWE	DIVORCED [5	Mar.17,19	908	3	9. AGE (In last birth	iday) yrs.	Manths	Days	Haurs	Min.
100. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTR'	11. BIRTHPLACE (SI	lote o	ar fareign (country)		12.CI	TIZEN O	F WHAT C	OUNTRY
At Hor	king life, even if retired നമ	"			Baltin	nor	e 1	V/d					
13. FATHER'S NAME					4. MOTHER'S MAIDE							-	
Francis	c.Yinglir	107			Est	te]	la f	?					
15, WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	INFO	RMANT				Addr	655			
	(If yes, give wor or dates of:	service)		Dite	sell Poole	2 6	ions /	1+hol	l tra	ากไ	-mid	ma 27	11/2
No.	ma fo	1		Mus	Sell Foole	5,0	702 1	A GITOT	21. V C 1	ئىلىن (ERVAL BE	
	•	ause per m	ne for (o), (b), and (c).]									SET AND	
PARI I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	a 6	MROINUR	00 PL	17051	21		2					
1 2 2			- pis - pis - comp - se to pi	-	-1-1-10		-	-					
1 1 1 6	DUE TO)											
Conditions, if a	ny, which) (. /	MESPESIA	115	6-0186	- Aller	19	6 M2 10	1161				
gave rise to i	mmediate (2 1 0				1229 44	7. 7. 7.				
cause (a), staling	the under-	,											
lying cause last.) (c)									1		
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	RMIN	NAL DISEA:	SE CONDITIO	ON GIV	EN IN PA	RT 1(0)	19. WAS	AUTOPSY RMED?
PART II. OTH													NO 🔼
200 ACCIDENT W	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY OCC	JRRED (Enter nature of injury	r in Po	ort I or Po	rt II of item	18.}				
200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)												
	Y Month, Doy, Ye	gr 20d II	VILLEY OCCUPRED 20	e PLACE	OF INJURY (Home, I	farm.	20f (Cit	v or town)			(County)		(State)
20c TIME OF INJUR	•	While	_ Nat white_	factor	y, street, affice bldg.,	elc.)	1	, .,			(wom,		1.010
₽. m.	19	ot wor	k ot wark				<u> </u>						
21. I certify th	at I attended the	deceas	ed fram		, 19,5°Q, ta.		2 /s	, 1	82	that I I	ast sa	w the d	eceasea
alive an	1/5	12		*	- / -	~							
3	5		0 11 1					Street, city ar					ESIGNER
ACTUAL	1-1	/	11/11	1	A		0 11				_	7/	_ /
SIGNATURE	MAL	-/-	of Wally	M.E)(J-J-0	-0	C-44	148441	44.	184-14	442	2.f.9	
PHYSICIAN'S	1 1	.0	0 4		17 1			~				/ "	
NAME (Type)	501111	<u> </u>	11 12 (11		ON	<u> </u>		X-y-1	196	2			
22a. BURIAL, CREMATIC		DF	22c. NAME OF CEMETE	RY OR C	REMATORY	1	22d. LOCA	TION (City,	tawn, c	or county)		(State	e)
REMOVAL (Specify) Burial	3-11-62		Poplar S	pri	ng		Popl	ar Spi	ine	Md			
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			REC'D	BY REGIS			TRAR'S	IGNATU	IRE	
F.C. Higinh	othom.Elli	cott	City.Md		DATE	ME.	AR 12	'62	ci	June 1	8. 16	MAR.	

TO HOSPITAL, OR ENDING PHYSICIAN: The law requires may be lined to haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

The page 3 shauld be detached for use as the burial transit sermit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03318 Hours Certificate Of Death 033	
he funeralle should	M)	PLACE OF DEATH HINKEN NURSING HOME STAR 2. USUAL RESIDENCE (Where decosed lived, if Institution, Residence before sumsessed as STATE . STATE . STATE . STATE . STATE . STATE . STATE STATE STATE STATE	ion)
(203)	34	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LLI-CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LLI-CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
y filled y ours an		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FAR. YES \[\text{NO} \]	M?
completely an papers. Thin 72 ho		NAME OF DECEASED (Type or print) Andrew Say Niedel 1. DATE Month Dev Year OF DEATH 3- 25- 1962	,
and carbo		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HI Hours Min Hours	
certifical physician remove any ever		L. USUAL OCCUPATION (Give kind of work me during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
ding ph		FATHER'S, NAME 14. MOTHER'S MAIDEN NAME WARLENE BROWN	
e atten Then I		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address - Address	
ysician. 9d by th permit.		18. CRUSE OF DEATH lenter only one couse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Externs non specific acuse.	V3
law red ding ph en sign el-transit		Conditions, if any, which (b)	
N: The or atten e has be the burial burial, cr		gave rise to immediate cause (a), stating the underlying causa last. (c)	-
SICIAL sepital or to b	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP. PERFORMED! YES IN NO	SY
this ce		20a. ACCIDENT WAS UNDERLYING 20bf DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING ined by E. Affer detacher: of He		20c. TIME OF INJURY Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)	
ATTEN be retai ECTOR uld be call		21. I certify that (I) (this begins) attended the deceased from 1044, 1961, to 1641, 1962, that (I) (1861) saw the deceased alive on 1964, 1962, and that death occurred at 1964, from the causes and on the date stated abo	last ve.
I Day		226. SIGNATURE Churles S. Whotake M.D. PHYS. DIRECTOR PHYS. D	E
or, pag	1	22c. PHYSICIAN'S CHARLES S. WHITHKERKO 22d. ADDRESS PLARKSVILLE, MD. 3/257	16.
direct direct	^	REMOVAL (Specify) 3-26-62 South Helich Section (City, town or county) Soloto)	
VR A15 (4) 15M 7/61	K	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D BY REGISTRAR'S SIGNATURE 256, REGISTRAR'S SIGNATURE 256, REC'D BY REGISTRAR'S SIGNATURE 256, REGISTRAR'S SIG	24
	4.		

Parlice way Dayer in AND THE STREET THE WATER TO THE STREET AS Charles & march CHARLET STATES CHARLETTER STATES

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kved, If institution: Residence a. COUNTY b. COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside comparate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RORAL and give necrest to and Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDR IS RESIDENCE ON A FARM? NO DE completely 3. NAME OF First Middle DATE DECEASED OF (Type or print) DEATH within 6. COLOR OF RACELT, MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Months Days Hours WIDOWED D DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stells, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life leven if ratired) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give we rar detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BYque week IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? use NO I prior 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.) OP CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: 13., 1952, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from.... 22b. DATE 22n. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 \$250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

